

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) House Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00495028		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dixon Davis Media Group LLC			Date of Public Distribution/Dissemination 09 / 23 / 2016		
Mailing Address 1028 33rd St NW Ste 300			Amount 24766.00		
City Washington State DC Zip Code 20007-3571		Transaction ID : VN7GDA3SWY6 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Media Production Costs - Estimate		Category/Type 			
Name of Federal Candidate Rodney Blum			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input checked="" type="checkbox"/> House District: 01 State: IA		
Calendar Year-To-Date Per Election for Office Sought 292363.15			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mack-Sumner Communications, LLC			Date of Public Distribution/Dissemination 09 / 23 / 2016		
Mailing Address 2001 N Beauregard St Ste 420			Amount 23044.46		
City Alexandria State VA Zip Code 22311-1750		Transaction ID : VN7GDA3QMR8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Direct Mail - Estimate		Category/Type 			
Name of Federal Candidate Steve Knight			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate Office Sought: <input checked="" type="checkbox"/> House District: 25 State: CA		
Calendar Year-To-Date Per Election for Office Sought 23044.46			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47810.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Alexandria Lapp</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 09 / 23 / 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Baughman Company, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 1592 Union St Ste 401		Amount 12462.83	
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA3SWV2
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Scott Jones		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Baughman Company, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016	
Mailing Address 1592 Union St Ste 401		Amount 14698.86	
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA3SWW0
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Scott Jones		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27161.69
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Alixandria Lapp

[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y </table>	

Full Name of Payee The Strategy Group		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">22</table> / <table border="1" style="display:inline-table; margin:0 5px;">2016</table>	
Mailing Address 730 North Franklin Street Suite 404		Amount <table border="1" style="display:inline-table; margin:0 5px;">31105.40</table>	
City Chicago	State IL	Zip Code 60654	Transaction ID : VN7GDA3E2T5
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>
Name of Federal Candidate Claudia Tenney		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	
Mailing Address		Amount <table border="1" style="display:inline-table; margin:0 5px;"></table>	
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">31105.40</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; margin:0 5px;">106077.55</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Alixandria Lapp

[Electronically Filed]

Date

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Signature